

PTO/SB/21 (08-03)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/583,503
		Int'l Application Number	PCT/US04/44093
		Filing Date	June 16, 2006
		First Named Inventor	ARUMUGHAM, Rasappa G.
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	13	Attorney Docket Number	CA1518
ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page) submitted in duplicate for fee processing <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Third Preliminary Amendment 3 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings Sheets <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> Supplemental Application Data Sheet (3 pages) Copy of Notification of Missing Requirements (2 pages) Declaration (signed in counter-part) (2 pages) 	Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 19-4880.
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Rosemarie L. Celli	Reg. No. 42,397	
Signature	<i>Rosemarie L. Celli</i>		
Date	November 17, 2006		

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence and the documents referred to as attached herein are being transmitted via facsimile to the U.S. Patent and Trademark Office, Mail Stop PCT, Commissioner for Patents, via fax number (571) 273-3201, on the date below.			
Typed or printed name	Barbara M. Weatherly	Date	November 17, 2006
Signature	<i>Barbara M. Weatherly</i>		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need

PTO/SB/17 (12-04)

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4819).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 130.00

Complete if Known

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Int'l Application No.:	PCT/US04/44093
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First Named Inventor	ARUMUGHAM, Rasappa G.
Examiner Name	Not Yet Assigned
Art Unit	Not Yet Assigned
Attorney Docket No.	CA1518

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 19-4880 Deposit Account Name: Sughrue Mion, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility							
Design							
Plant							
Reissue							
Provisional							

2. EXCESS CLAIM FEES

Small Entity
Fee (\$)

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent
 Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	=	x	=			
HP = highest number of total claims paid for, if greater than 20						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
	=	x	=			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/ 50 =	(round up to a whole number) x	=

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 2051 Surcharge Fee 37 CFR \$1.16(f) re Late Submission of Executed Declaration

\$ 130.00

SUBMITTED BY	Registration No. 42,397	Telephone 650-625-8100
Signature <i>Rosemarie L. Celli</i>	(Attorney/Agent)	Date November 17, 2006
Name (Print/Type) Rosemarie L. Celli		

49/61-1